INDEPENDENT STUDY ENROLLMENT FORM

Student Name (print): ____________________________________________ Student ID: ________________

Degree program: ☐ JD ☐ JD-LLM ☐ Other Dual Degree ☐ LLM (one year)

Amount of Independent Study credit earned in a previous semester(s) (circle): 0 1 2 3

Semester of this Independent Study project: (circle and complete): Fall / Spring 20 _____

Graduation Date: (circle and complete): May / December / September 20 _____

Are you using this project to fulfill a Writing Requirement? ☐ Yes ☐ No
If yes, which Writing Requirement? Select all that apply: ☐ JD SRWP
☐ JD-LLM (dual-degree) ☐ LLM (one year) ☐ Public Interest/Public Service Certificate

Per our independent study guidelines, students are expected to meet with their faculty supervisors at least two to three times. Do you anticipate your meetings being in-person, or over Zoom?
☐ Zoom ☐ In-person

Faculty Supervisor Name (print): ____________________________________________

☐ I have provided the student with Guidelines for Completing an Independent Study

Amount of credit for this project: ☐ 1 credit ☐ 2 credits ☐ Other (please specify): __________

Type of credit for this project: ☐ Graded ☐ Credit/No Credit

Deadline for this project: ☐ Last day of final exams ☐ Other (please specify): ______________

I approve this project for ☐ the Substantial Research and Writing Project (Law School Rule 3-31)
☐ the JD-LLM Writing Requirement (Law School Rule 2-2A(7))

Select all that apply: ☐ the LLM (one-year) Writing Requirement (Law School Rule 2-3)
☐ the Public Interest/Public Service Certificate

Working Title or Hypothesis of Project: ____________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Signature: Student ____________________________ Signature: Faculty Supervisor ____________________________

Please submit to the Registrar's Office via email: registrar_office@law.duke.edu.

Registrar’s Office only: Date Received: _______ LAW 640._____ Approval: Academic Affairs:_________________________